

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 107692045		FILING DATE		
							APPLICATION(S)				
12-27-04							CLAIMS				
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/	/	/	/	/			51			
2	/	/	/	/	/			52			
3	/	/	/	/	/			53			
4	/	/	/	/	/			54			
5	/	/	/	/	/			55			
6	/	/	/	/	/			56			
7	/	/	/	/	/			57			
8	/	/	/	/	/			58			
9	/	/	/	/	/			59			
10	/	/	/	/	/			60			
11	/	/	/	/	/			61			
12	/	/	/	/	/			62			
13	/	/	/	/	/			63			
14	/	/	/	/	/			64			
15	/	/	/	/	/			65			
16	/	/	/	/	/			66			
17	/	/	/	/	/			67			
18								68			
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46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	3							TOTAL IND.			
TOTAL DEP.	12							TOTAL DEP.			
TOTAL CLAIMS	15							TOTAL CLAIMS			

PTO-1289 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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